

**Office of Administration**  
**Commissioner's Office**

**REIMBURSEMENT REQUEST FOR OTHER SERVICES**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Options Pregnancy Clinic

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

*Client Name* [REDACTED] *Date Enrolled* 4/11/2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6/1/2017	Car Repairs for [REDACTED] [REDACTED] - replace both front left & right ball joints and perform alignment	\$435.05	Client is without transportation and needs the car fixed so she can attend dr. appointments, and get to a place of employment. Client cannot pay for repairs because she has no car to get her to work. There are no other funding sources in the area that help with car repair expenses.
Amt to be reimbursed	\$435.05		

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: Christina Todd

Alliance for Life Program Manager: Marsha Middleton

Purchase is Approved    Denied    A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_